

Soccer Registration

Please read before completing registration forms below

Registration Change:

The US Youth Soccer Association has changed age classification effective for the 2016-17 season. These change have been adopted state wide and will be in effect at all levels. You no longer need to select an age group on the Wales form.

Players will now be group by their birth year and not the school calendar. Returning players are going to see a significant difference in the new age classification with school classmate now playing on different teams. Additional information on the changes can be found at this link -

<http://www.usyouthsoccer.org/>

Registration Checklist: Please double check the following are commonly missed items.

1. Wales Registration:
 - a. Select a shirt AND short size
 - b. Read the Zero Tolerance Policy found below and initial on registration form
 - c. Sign and date
2. WYSA form:
 - a. Mother's birth month/Year (require for state association registration)
 - b. Emails written neatly - this is our main form of communication
 - c. Important Medical and Liability Release sections signed and dated
3. Complete the four items on the checklist of the 2016 Fall / 2017 Spring Registration Form

Wales Soccer Changes:

1. Registration - We will do our best to provide those who register with an opportunity to play. If we end up with too many players, the teams will be filled according to the date your registration form was received.
2. Roster Requests - Our primary goal is to create equally competitive teams. Noted request will be considered, but are not guaranteed.
3. Refunds - No refunds will be given after teams have been formed.
4. Age reassignment - request to "play up" a year will be considered. With the new age classifications and unknown rostering levels, request cannot be guaranteed. "Playing down" a year is prohibited by the league rules.

Volunteers Needed:

Quality, recreational, soccer experiences offered through local recreation departments has become increasingly unusual across the state. Continuing to offer this affordable option depends on many volunteers. Please see the additional Wales Soccer - Volunteers Needed page for additional information on how you can help to ensure the future of our program.

FAQ:

A list of other frequently asked questions is available. Please consult the list before emailing the Soccer Committee with registration questions.

Wales Soccer - VOLUNTEERS NEEDED

Fall 2016 - Spring 2017

Wales soccer is a recreational program with an emphasis on participation, character development, good sportsmanship, instruction, and enjoyment. PLEASE HELP US to continue to deliver this affordable, recreational, soccer option to the youth in Wales and surrounding communities.

Coaches and Assistants - If you are a parent, teacher, or any adult with interest in mentoring a narrow age group of children from ages 5 to 14 you likely have something valuable to offer as a coach or other volunteer.

NO EXPERIENCE NEEDED

YOUR TIME requirements –

- Practice - one per week (1-1.5 hours) scheduled by the coach
- Games - one game per week (1-2 hours) usually Saturdays; 14 games per year
- Training – one 3 hour coaches offseason training session, new coaches only

COACH PASS requirement – simple background check to ensure all volunteers conform to WYSA (Wisconsin Youth Soccer Association) Kid Safe requirements. Fee reimbursed by Village of Wales

TRAINING– new coaches will be encouraged to participate in quality, age specific, soccer coaches training. You will be introduced to the bare essentials involved in coaching young players. Valuable information from this course includes: traits of different age players, coaching checklist, and age appropriate activities. Fee reimbursed by Village of Wales.

Administrators –

Wales Soccer Committee (WSC) member – The committee was formed in 2013 to fulfill duties previously completed by the Wales Rec Director. The primary roles of the WSC is to complete the administrative requirements of the program, represent the program @ the league and state organizations, promote the program, and aid coaches for maximum efficiency.

The Soccer Committee current has two member and need two additional members for the 2016-17 season.

VOLUNTEER NEEDS -

- Registrar - New player registration, team roster formation, online state association registration
- Coaching Director - Providing coaches with activities and resources to enhance their practices.
Recruiting coaches for teams without a volunteer. Communication to coaches of league and rule

changes. Conduct coach / player evaluation to facilitate equally competitive rostering in future seasons.

- **Scheduler** - Representing the club in coordination with league and field schedulers. Notification of cancellation and coordination of reschedules. Assign and maintain practice field schedule. Review of field schedule to avoid unforeseen conflicts.
- **Equipment Manager** - Procurement of uniforms. Maintain equipment inventory. Distribute and collect team equipment bags.

YOUR TIME requirements - dependent on committee position; Approximately 25 hours per season, primarily prior to the beginning of the new fall season.

Send email of interest or question to - Walessoccer@gmail.com

2015-2016 Volunteers –

Below is a list of volunteers for the 2015-2016 soccer seasons. These coaches, assistant, and committee members were a critical part of a successful Recreational Soccer season in Wales. Please thank them for their efforts to provide this valuable experience for our youth. If you have more detailed questions about volunteer opportunities many of them would be happy to share their stories, thoughts, and suggestions.

COACHES

U5/U6 - Frank Cuda, Collen Wolbert, Jamie Muellenbach, Ryan Sveinsvoll, Ashley sveinsvoll, Jerrod Wolf, David Fouts, Kelly Fouts, Tiffany Wassenar

Assistants: Greg Wilhelm, Kristan Fabisiak

U7 - Dick Moran, Paul Bialas, Sarah Bensch Cousland, Tom Cousland, Jeremy Vossman

Assistants: Ali Moran, Dan Schultz, Maggie Stahl

U8 - Wade Kolman, Collen Wolbert, Benn Richards

Assistants: Bryan Schwartz, Greg Wilhelm, Bill Eckert

U9 - Brian Stuckey, Joe Daubert

Assistants: Dave Spence, Brad Bestor, Amy Roehl

U10 - Alan Barrow, Jake Manne, Janelle Manes

Assistants: Anna Shumow, Neal Wiebelhaus, Maggie Stahl

U12 - John Huenink, Bob Townsend, Guillermo Martinez

Assistant: Dave Smits, Jason Weyers, Robert Tobias

U14 - Leslie Malak, Michelle Foster

Assistants: Steve Elkin, Rob Muren, Carol Bauer

SOCCER COMMITTEE MEMBERS

Carol Bauer

Neal Wiebelhaus

Sponsors: Cafe Buzzzz, CG Schmidt Inc, Kolman Family Chiropractic, Lakeside Fitness Fit Body Boot Camp, Whole Health Family Dentistry, Wolf Paving



ZERO TOLERANCE POLICY

WYSA has created the Zero Tolerance Policy in an effort to decrease the abuse of referees. The purpose of this policy is to make clear that verbal abuse or negative criticism of referees is as unacceptable as verbal abuse or negative criticism of players.

This policy adopts basic standard sanctions for improper conduct. This policy is not intended to imply that referees are always "right" and the spectator or coach is always "wrong". Just as players make mistakes during play and coaches may err in strategy or methodology, referees will make mistakes in officiating, particularly in the younger divisions where they are learning how to referee. Due to a persistent shortage of referees, a referee may be officiating at a higher level game than they are comfortable with. They must receive positive support from coaches and spectators to continue to grow as an official.

A coach or spectator may only communicate in a positive way with a referee. The coach is responsible for ensuring all spectators associated with his/her team follow these guidelines relating to communication with a referee; especially a referee. A coach/spectator may not express any disagreement or dissatisfaction with the officiating to the youth referee. A coach/spectator may not, before, during, or after a game, discuss with a referee their critique of the referee's performance, other than to thank and compliment the referee.

If a coach, player or fan is harassing a referee, the referee has the right to take the following measures to cease harassment:

1. Go to the offending team's coach and ask them to control themselves or their personnel.
2. If the problem persists after the above measure is taken, the referee may go back to the coach and ask the offending party to remove themselves from the game.
3. If the problem persists after the above measures are taken, the referee may stop the game and the outcome of the game will be determined by the competition authority.

Please note, coaches, players and /or parents/spectators are highly discouraged from approaching or confronting referees at halftime or after the match for any reason other than retrieving player pass cards or saying 'thank you' and/or shaking hands.

Any concerns or feedback regarding referees must be submitted in writing to the Administrator of that Competition. Concerns related to referee performance or behavior will only be accepted from a Club Official (i.e. board member), Director of Coaching or the team's coach. The claim must provide details specific to the complaint and cite examples where referee performance or behavior was inadequate or improper. The Competition Administrator will engage the appropriate parties in investigating and taking disciplinary action. (In cases of egregious referee abuse (e.g., physical confrontation), information will immediately be forwarded to the WYSA Executive Director for investigation and discipline decisions.)

Approved 11/14/15
WYSA Board of Directors

WALES SOCCER

(in affiliation with the WYSA)

2016 Fall/2017 Spring Registration

GENERAL REGISTRATION:

Monday, March 14th
3:00pm-6:00pm
Wales Village Hall
129 W Main Street
Wales, WI 53183

COMPLETE REGISTRATION REQUIREMENTS:

- ☐ This Form Completed and Returned
☐ Wisconsin Youth Soccer Association Membership Form
☐ Acknowledgement that you have read and will adhere to the WYSA
[Zero Tolerance](#) Policy - initial here: _____
☐ **check payable to: VILLAGE OF WALES**

REGISTRATION: Registrations Deadline - June 17th, 2016. \$20 Late Fee after deadline. Registration forms may be mailed or dropped off at the Village Hall in person between 8:00 a.m. and 3:00 p.m. weekdays, or in the Village Hall night depository. For further information email to walessoccer@gmail.com.

Year of Birth:

RESIDENT

NON-RESIDENT

Based on where real estate taxes are paid

2013 to 2011

\$ 75.00

\$ 90.00

*NO REFUNDS after teams have been formed.

2010 to 2002

\$ 95.00

\$ 120.00

PLAYER'S NAME _____

D.O.B. ____/____/____

PARENT EMAIL _____

GRADE(2016/2017) _____

SELECT UNIFORM SIZE: <u>No Exchanges</u> Sample jersey sizes are available at the Village Hall.		VOLUNTEERS NEEDED
JERSEY: Circle one	SHORTS: Circle one	NO experience necessary. Clinics and support are available.
Y/S (6/8) Y/M (10/12) Y/L (14/16) A/S A/M A/L Sizes run small	Y/S (6/8) Y/M (10/12) Y/L (14/16) A/S A/M A/L Sizes run small	<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Administration <input type="checkbox"/> Registrar <input type="checkbox"/> Coaching Director <input type="checkbox"/> Scheduler <input type="checkbox"/> Equipment Manager

VILLAGE OF WALES FULL RELEASE AND WAIVER

The undersigned, parents of _____, who is under 18 years of age being born on _____ and is a participant in an activity or activities taking place in a Village park or on other public lands or streets located in and/or maintained by the Village of Wales. Any such activity sponsored by the Village or a group to whom permission has been granted by the Village Board takes place upon the express condition that the Village be RELEASED from all claims or causes of action for personal injury, property damage of wrongful death arising out of or in any way related to the participation in any of the above described activities. In consideration of the granting of such permission by the Village Board, the undersigned does hereby forever RELEASE the Village of Wales and any of its officers or employees from any and all liability for property damage, personal injury or wrongful death arising out of or in any way related to any activity or activities taking place in a Village park or on other public lands or streets located in and/or maintained by the Village of Wales and/or sponsored by the Village or any group with permission of the Village Board. THIS IS A FULL RELEASE AND WAIVER OF ALL CLAIMS WHICH THE UNDERSIGNED MAY POSE AT ANY TIME AS A RESULT OF PARTICIPATION IN ANY OF THE ABOVE DESCRIBED ACTIVITIES.

Signature of Parent or Legal Guardian _____ Date _____

Official Use Only: Payment: cash / check # _____ Date Received _____ Complete Registration _____



WISCONSIN YOUTH SOCCER ASSOCIATION MEMBERSHIP FORM 2016 - 2017 SEASON



PLAYER INFORMATION	First Name: _____ MI: _____ Last Name: _____
	Date of Birth (MM/DD/YY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Mother's Birth Date (MM/DD/No Year Req'd): _____
	Club: _____ Program: _____ Age Group: _____
	School(during season): _____ Grade: _____ Last Team: _____
	Team/Friend/Coach Request: _____
	Emergency Contact: _____ Emergency Phone: _____
	Doctor: _____ Doctor Phone: _____
	Medical Conditions: _____ Allergies: _____

PRIMARY GUARDIAN	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	First Name: _____ Last Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Home Phone: _____ Cell Phone: _____
	Company & Occupation: _____
	Business Phone: _____ Email: _____

OTHER GUARDIAN	Guardian Type: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other/Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	First Name: _____ Last Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Home Phone: _____ Cell Phone: _____
	Company & Occupation: _____
	Business Phone: _____ Email: _____

OFFICIAL USE ONLY		
Date & Time: _____		
Club: _____		
Team: _____		
<input type="checkbox"/> Picture Received		
<input type="checkbox"/> Birth Doc Received		
<input type="checkbox"/> Birth Date Verified		
Registration Fees:		
	Amount	Payment Type
Reg Fee.....	\$ _____	_____
Other Fee....	\$ _____	_____
TOTAL	\$ _____	_____

IMPORTANT MEDICAL AND LIABILITY RELEASE – MUST BE SIGNED
Recognizing the possibility of injury or illness, and in consideration for the Wisconsin Youth Soccer Association (WYSA), US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of WYSA, US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify WYSA, US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.
My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.
I agree that if it appears that my child may have sustained a concussion or head injury that he or she is to be removed from the completion until such time that a trained medical professional can examine them and approve their return to play soccer. In such case, I understand that I am to provide a written clearance for my player to return to play soccer.
I understand that once a player has been offered a position on a team, has accepted a position on that team, and completes registration, that player is committed to the club for the seasonal year (8/1 – 7/31). The WYSA player transfer policy also takes effect at this time.
Signature: _____ Date: _____
Addendum only for those players having sustained a possible concussion or head injury: On (date) _____ my player sustained a possible concussion or head injury. He/she has been examined by a trained medical professional and has been cleared to participate in soccer activities as of today.
Signature of Medical Professional: _____ Date: _____